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** CONTINUING DATA ***** *MAT*
 This application is a CIP of 10/086,619 03/01/2002 PAT 6,824,711 *o.k.*,
 which claims benefit of 60/315,746 08/29/2001
 and claims benefit of 60/314,181 08/16/2001
 and claims benefit of 60/273,303 03/02/2001

** FOREIGN APPLICATIONS ***** *MAT*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u><i>M.A. Chexton</i></u> Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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TITLE
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FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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